

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 824

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME John F. Kienker  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or Race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Augusta Kienker  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 2, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 5 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Park keeper  
11. Industry or business City of St. Louis

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Hampe  
(b) Address 4510a Red Bud Ave.

17. (a) Burial (b) Date thereof Jan. 28, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home.  
(b) Address 4828 Natural Bridge.

19. (a) JAN 27 1943 (b) J. F. Brudeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 12  
St. Louis 9 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4510a Red Bud Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25,  
year 1943 hour 5:15 minute P.M.  
21. I hereby certify that I attended the deceased from January 16,  
1943, to January 25, 1943;  
that I last saw him alive on January 25, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Regenerative Heart Disease  
Duration \_\_\_\_\_

Due to 9/2  
Due to \_\_\_\_\_  
Other conditions Pulmonary emphysema  
(Include pregnancy within 3 months of death)  
Senility

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Emphysema  
Heart hypertrophy  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Franz U. Hamberg M.D. or other M.D.  
Address 1515 Lafayette Avenue. Da/2643

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*John A. Mlinar*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John A. Mlinar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis Mo*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**